



575 Broad Hollow Road, Melville, NY 11747  
TEL: (631) 694-3040 FAX: (631) 420-8436  
www.pacelabs.com

## Laboratory Results

Results for the samples and analytes requested  
The lab is not directly responsible for the integrity of the sample before  
receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District  
P.O. Box 1013  
Hampton Bays, NY 11946  
Attn To : Supt. McCuen  
Federal ID : 5103704

Lab Project No. : 70124856

Received :03/11/2020 4:30  
Sample Type :Drinking Water

Date Reported:03/12/2020

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70124856001	HB12	3/11/2020 7:30:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.43</b>
Routine Distribution	M. Layburn Squires Pond Rd.	Collected by: CLIENT		3/12/2020 11:51:00	3/12/2020 11:51:00	3/11/2020 7:30:00 AM
70124856002	HB13	3/11/2020 7:45:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.52</b>
Routine Distribution	H.B. Bagel W. Montauk Hwy.	Collected by: CLIENT		3/12/2020 11:51:00	3/12/2020 11:51:00	3/11/2020 7:45:00 AM
70124856003	HB28	3/11/2020 8:00:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.62</b>
Routine Distribution	Huebner Oakwood Rd.	Collected by: CLIENT		3/12/2020 11:51:00	3/12/2020 11:51:00	3/11/2020 8:00:00 AM
70124856004	HB29	3/11/2020 8:15:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.55</b>
Routine Distribution	McFarland Ridgewood La.	Collected by: CLIENT		3/12/2020 11:51:00	3/12/2020 11:51:00	3/11/2020 8:15:00 AM
70124856005	HB16	3/11/2020 8:30:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.52</b>
Routine Distribution	Spellman's Marine Rampasture Rd.	Collected by: CLIENT		3/12/2020 11:51:00	3/12/2020 11:51:00	3/11/2020 8:30:00 AM
70124856006	HB34	3/11/2020 8:45:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.69</b>
Routine Distribution	Kappers; 23 Washington Ave.	Collected by: CLIENT		3/12/2020 11:51:00	3/12/2020 11:51:00	3/11/2020 8:45:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).  
Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

### Treatments

A = Air Stripper  
FM = Iron/Manganese Removal  
N = Nitrate Removal  
G = Granular Activated  
O = Other

Test results meet the requirements of NELAC  
unless otherwise noted.

This report shall not be reproduced except in full,  
without the written approval of the laboratory.

Kimberley Mack

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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
<b>70124856007</b>	HB31	3/11/2020 9:05:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.60</b>
Routine Distribution	C. Morgan	Collected by: CLIENT		<b>3/12/2020 11:51:00</b>	<b>3/12/2020 11:51:00</b>	<b>3/11/2020 9:05:00 AM</b>
<b>70124856008</b>	HB33	3/11/2020 9:20:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.51</b>
Routine Distribution	Rydberg; 8 Pawnee St.	Collected by: CLIENT		<b>3/12/2020 11:51:00</b>	<b>3/12/2020 11:51:00</b>	<b>3/11/2020 9:20:00 AM</b>
<b>70124856009</b>	HB21	3/11/2020 9:35:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.60</b>
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT		<b>3/12/2020 11:51:00</b>	<b>3/12/2020 11:51:00</b>	<b>3/11/2020 9:35:00 AM</b>
<b>70124856010</b>	HB5A	3/11/2020 10:00:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.37</b>
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT		<b>3/12/2020 11:51:00</b>	<b>3/12/2020 11:51:00</b>	<b>3/11/2020 10:00:00</b>

Result(s) reported meet(s) NYS Regulatory Limit(s).  
Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

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**WorkOrder :**

70124856

## Laboratory Certifications

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**Pace Analytical Services Long Island**

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO#: 70124856



70124856

# Sample Request Form PUBLIC WATER SUPPLIER

☐ WELL OFF LINE

Date: 3-11-20

☐ WELL RUN TO SYSTEM

Collected By: K. TUTHILL

Accepted By: [Signature]

Cooler Temp: 3.6 °C

## Client Info:

HAMPTON BAYS WATER DISTRICT

P.O. BOX 1013

HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Proj. # or (Name): \_\_\_\_\_  
Bill To: \_\_\_\_\_  
Copies To: \_\_\_\_\_

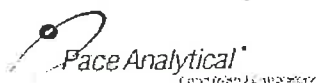
☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

## Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub> pH/Temp	Analysis	Lab No.
7:30am 3-11-20	PW	#12	D	-	RO	43 7.79	Bact w/c	001
7:45am 3-11-20	PW	#13	D	-	RO	52 7.42	Bact w/c	002
8:00am 3-11-20	PW	#28	D	-	RO	62 7.42	Bact w/c	003
8:15am 3-11-20	PW	#22	D	-	RO	55 7.26	Bact w/c	004
8:30am 3-11-20	PW	#16	D	-	RO	52 7.32	Bact w/c	005
8:45am 3-11-20	PW	#34	D	-	RO	69 7.40	Bact w/c	006
9:05am 3-11-20	PW	#31	D	-	RO	60 7.24	Bact w/c	007
9:20am 3-11-20	PW	#33	D	-	RO	51 7.46	Bact w/c	008
9:35am 3-11-20	PW	#21	D	-	RO	60 7.34	Bact w/c	009
10:00am 3-11-20	PW	#5A	D	-	RO	37 7.34	Bact w/c	010

Remarks:



## Sample Condition Upon Receipt

Client Name: H BW

Pr

WO#: 70124856

PM: KMM

Due Date: 04/10/20

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals intact: ☒ Yes ☐ NoTemperature Blank Present: ☐ Yes ☒ NoPacking Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ Ziploc ☐ None ☐ OtherType of Ice: ☒ Wet ☐ Blue ☐ None

Thermometer Used: TH091

Correction Factor: +0.2☐ Samples on ice, cooling process has begunCooler Temperature (°C): 3.6Cooler Temperature Corrected (°C): 3.8

Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)Date and Initials of person examining contents: Ad 3/11/20Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NODid samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL		
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #		Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).		
Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		
Residual chlorine strips Lot #		Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: